



Time in: _____
CSR Initials: _____
Acct # _____

Norfolk SPCA Canine Vaccination Clinic Client/Patient Information Form

Client Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ E-mail Address: _____

Please provide your email for updates on your animal and to be added to our email list.

Patient Name: _____ Sex: Male Female Age: _____

Breed: _____ Color: _____

Spayed or Neutered: YES NO UNSURE

If unspayed, is your female pregnant? YES NO UNSURE

Physical Status:

Is your pet in good health today? YES NO UNSURE

If no or unsure, please explain: _____

Does your pet have any history of health problems? YES NO

If yes, please explain: _____

Has your pet been vaccinated before? YES NO

Date of last vaccinations: _____ Clinic: _____

Do you have a regular veterinarian? YES NO

If yes, what is the name of the clinic? _____

Has your pet had any reactions to vaccinations? YES NO

If yes, which vaccine caused the reaction _____

Is your pet currently on flea/tick prevention? YES NO

If yes, what product do you use? _____

Has your pet bitten anyone in the past 10 days? YES NO

If yes, does your pet have a current Rabies vaccination? YES NO

Has your dog ever been tested for heartworms? YES NO If yes, date of last test: _____

Is your dog currently on heartworm prevention? YES NO

If yes, what product do you use? _____

Has your dog ever tested positive for heartworms? YES NO

If yes, when were they treated and by whom: _____ Not Treated

We recommend all pets be on heartworm prevention and flea/tick control year round.

****The walk in vaccine clinic is for healthy pets in need of preventative care. If your pet is ill or injured, or the clinic staff is unable to safely handle your pet, you may be directed to a regular veterinarian for treatment.***

*****An allergic reaction following the administration of a vaccine is possible. Please contact a veterinarian if you see any of the following: vomiting, diarrhea, lethargy, swelling, fever, pain or difficulty breathing. _____ {client initial}***

Payment is due in full at time of services.

The Norfolk SPCA accepts cash, Visa, Mastercard, Discover and American Express (with valid I.D.) NO CHECKS.

Signature: _____ Date: _____

Name: _____ Weight: _____

Pre-vaccination Exam (Required) \$5 for spayed/neutered adults and puppies < 6months of age.

Distemper/Parvo: *Date of Last Vaccine:* _____

Distemper/Parvo/Lepto: 6-8 wks 9-11 wks 12-15 wks or 1st adult Yearly

Bordetella: 6 months *Date of last vaccine:* _____

Rabies: 1 year 3 year Too young (less than 12 wks. old)
Previous RV Date: _____ 1 y / 3 y

Influenza (H3N8/H3N2): 1st Yearly (or 2nd vaccine booster) *Date of last vaccine:* _____

Heartworm Test: Negative Positive Too young (less than 10 mos)
Date of Last Test: _____ *Neg Pos* # of HWP's purchased since last test: _____

Heartworm Prevention: OK to refill for _____ months

Iverhart Max	Single	6 months	12 months
Size (lbs.)	Price	Price	Price
0-25	\$4/each	\$22	\$38
26-50	\$6/each	\$33	\$62
51-100	\$8/each	\$44	\$86

Flea/Tick Prevention: (Topical) OK to refill for _____ months

Effitix Plus	Single Dose	6pk
Size (lbs.)	Price	Price
5-11	\$14.00	\$84.00
11-23	\$14.00	\$84.00
23-45	\$14.00	\$84.00
45-89	\$14.00	\$84.00
89-132	\$14.00	\$84.00

Deworming: Strongid (6m and under) Amt. given: _____
 Drontal Plus: Amt. Given: _____ 22.7mg _____ 68mg _____ 136mg
 (Price varies by dosage)

Microchip: Includes registration

Nail Trim: < 6 months old- \$12 > 6 months old- \$16

Please Check Services Wanted	Decline
Vaccines/Tests	
\$5/\$10 (circle)	
\$18 _____	
\$18 _____	
\$18 _____	
\$18 _____	
\$18 _____	
\$22 _____	
Heartworm	
single 6m	
12m _____	
Flea/Tick	
single _____	
6pk _____	
Other	
\$12 _____	
\$ -- _____	
\$30 _____	
\$12/\$16 (circle)	

OK TO VACCINATE: YES NO
